

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
06 JAN -4 PM 12:34
TALLAHASSEE, FLORIDA

DOCUMENT # N26271

1. Corporation Name

ST. CHARLES BORROMEO EDUCATION FOUNDATION, INC.

2. Principal Office Address

21505 Augusta Avenue

3. Mailing Office Address

21505 Augusta Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port Charlotte, Florida

City & State

Port Charlotte, Florida

Zip

33952-5419

Country

USA

Zip

33952-5419

Country

USA

REINSTATEMENT

01-05

T Roberts JAN 09 2006

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/4/1988

5. FEI Number

59-1576869

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

JOHN S. DZURAK

Street Address (P.O. Box Number is Not Acceptable)

23232 Abrade Avenue

Suite, Apt. #, Etc.

City

Port Charlotte

State
FL

Zip Code
33980

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

John S. Dzurak
REGISTERED AGENT MUST SIGN

Date 10/14/05

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	PAUL LIOON	1485 Wassail Lane	Punta Gorda, FL. 33983
SD	JOHN S. DZURAK	23232 Abrade Avenue	Port Charlotte, FL. 33980
TD	MICHAEL HORNER	422 Madrid Boulevard	Punta Gorda, FL. 33950
D	ROBERT OPPOLD	140 S.E. Graham Street	Port Charlotte, FL. 33952
D	KENNETH RANKIN	25387 Paladin Lane	Punta Gorda, FL. 33983
D	JACK MALVANO	23225 Nancy Avenue	Port Charlotte, FL. 33952

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Paul Lioon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

PAUL LIOON, PRESIDENT 10/14/05

Daytime Phone #

(941) 639-3671

CR2E081 (01/05)